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Application Number 10/535,808

POWER OF ATTORALEY **POWER OF ATTORNEY** First Named Inventor Kutaksiz et al and Tille Diagnostic Method for Disease by... **CORRESPONDENCE ADDRESS** Art Unit Unknown INDICATION FORM Examiner Name Unknown **Atlomey Docket Number** 26605,00001 I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitit ners associated with the Customer Number: 29880 OR Practite risks) risked below: Registration Number Name as mylour attor rey(s) or agent(s) to prosecute the application identified above, and to transact oil business in the United States Patent and Trademark Office connected therewith. Plaiss recognite or change the correspondence address for the above-identified application to: The a lidress associated with the above-mentioned Customer Number: OR The a Idress essociated with Customer Number: Fire you Individual Name Address City State Country Telophon Email l<u>am</u>the: V Applica-tVInventor. Assigned of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed, (form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record, 104 Signature 121 Osto

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(Approximation Municipality of the Comment of th Application Number 10/535,608 Filing Date 05/19/05 **POWER OF ATTORNEY** First Named Inventor Kulaksiz et ei and Title **CORRESPONDENCE ADDRESS** Diagnostic Method for Discose by... Art Unit Unknown INDICATION FORM Examiner Name Unimor Attorney Docket Number 26605.00001 I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint Practition era associated with the Customer Number 29880 Practitioner(s) named below. Name Registration Number as mylour atterm y(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palent and red control of change the correspondence address for the above-identified application by: The address essociated with the above-mentioned Customer Number: The address associated with Customer Number: Individual Name Address City State Žφ Country Telephone Fmall am the: V Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96) SIGNATURE of Applicant or Assignee of Record 72-12-06 Date **Name** Alfred Senetzke Telephone NOTE Signatures of a 1 line inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one officers is reduired + 14 polow bettimdue one amrol This collection of information is required by 37 CFR 1 \$1, 1,32 and 1 33. The information is required to obtain or return a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 17 Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 17 L. This collection is estimated to take 3 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including comments on the amount of time you require to complete this form smillor suggestions for reducing this burden, should be sent to the Criter Information Officer, U.S. Patent and Trade-rank Office, U.S. Department of Commissioner, P.O. Box 1460, Alexandria, VA 22313-1450.

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und to respond to a collection of information unless it deplays a valid OMB control market
Application Number Under the Perperwork Restuction Act of 1995, no persons are requ Filing Date **POWER OF ATTORNEY** 05/19/05 First Named Inventor Kufaksiz et al and CORRESPONDENCE ADDRESS Diagnostic Method for Disease by... Art Unit Unknown **INDICATION FORM** Examiner Name Unknown 26605.00001 **Allorney Docket Number** I hereby revoke all previous powers of attorney given in the above-identified application. Practition ors associated with the Customer Number: 29880 Practition in(s) named below: Registration Number as mylour altomacy(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected thorowith, Please recognize or change the correspondence address for the above-identified application to The address associated with the above-mentioned Customer Number: The address associated with Customer Number: Firm or Individual Name City State Zφ Telephone Emad \mathbf{Z} Applicant/I wenter. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is anclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature 07. Date Name Walfgang Stremmal Telephone Title and Company NOTE: Signatures of all the inventors or easigness of record of the entire misres) of their representative(e) are required. Submit multiple forms if more than one signature is required, see below forms are submitted.

The collection of information is required by 37 CFR 131, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the public which is to the (and by the public which is to the fact by the property). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.14. This collection is estimated to bate 3 minutes to complete, industing gethering, preparing, and submitting the obtripated application form to the USPTO. Time will very depending upon the industrial case. Any comments on the arround of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief afformation Officer, U.S. Pepert and Tasken and Complete the Chief afformation Officer, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT 5END FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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